

FILED DEC 7 1942
Registration District No. 449

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)
In this community **10 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1207 Penn**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **---**

3. (a) PRINT FULL NAME **Oliver H. Davis**

(b) If veteran, name war **No** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
(b) Name of husband or wife **Mrs. Emma E. Davis** 6. (c) Age of husband or wife if alive **22** years 1878
7. Birth date of deceased **May 22 1878**
(Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **25** If less than one day hr. min.

9. Birthplace **Saline County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist's Helper retired**

11. Industry or business **Chicago & Alton R. R.**

MOTHER FATHER } 12. Name **Hugh M. Davis**
13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary S. Mayfield**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Claude E. Davis**

(b) Address **108 North Lawn Avenue**

17. (a) ~~Burial~~ (b) Date thereof **Nov. 18, 1942**
(c) Place: burial or cremation **8 Miles S.E. (Mo. State), Fish Creek Cemetery**

18. (a) Signature of funeral director **O. H. Newcomer, Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **11-18-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16th**
year **1942** hour **10** minute **03 P.** M.

21. I hereby certify that I attended the deceased from **11-15-42** to **11-16-42**, 19...
that I last saw him alive on **11-16-42**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **83a**
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **None**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature **Wm. R. Thor** (M. D. or other) _____
Address **Med. Dir. K. C. Gen. Hospital** Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address. H. C. Newcomer Jr.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.